

# DEPARTMENT OF PUBLIC HEALTH



COUNTY OF SAN BERNARDINO

- 385 North Arrowhead Avenue - San Bernardino, CA 92415-0160 - (909) 884-4056
- 1647 East Holt Boulevard - Ontario, CA 91761 - (909) 458-9673
- 13911 Park Avenue, Suite 200 - Victorville, CA 92392 - (760) 243-3773
- San Bernardino County Vector Control Program  
2355 East 5th Street - San Bernardino, CA 92410-5201 - (909) 388-4600

MARGARET D. SMITH  
Interim Public Health Director  
  
PAULA MEARES-CONRAD  
Interim Assistant Director of Public Health

MARGARET BEED, M.D.  
Health Officer

DANIEL J. AVERA, REHS  
Chief of Environmental Health

Also serving the cities of

Adelanto	Montclair
Apple Valley	Needles
Barstow	Ontario
Big Bear Lake	Rancho Cucamonga
Chino	Redlands
Chino Hills	Rialto
Colton	San Bernardino
Fontana	Twentynine Palms
Grand Terrace	Upland
Hesperia	Victorville
Highland	Yucaipa
Loma Linda	Yucca Valley

To: Liquid Waste Hauler Applicant

SUBJECT: Requirements for Application

In order to expedite the application process San Bernardino County Division of Environmental Health Services (DEHS) requires the following information in order to fully review your application for approval:

1. Application completed in full and submitted with review fees.
2. Copies of Certificates of Insurance naming San Bernardino County as an additional insured and showing that the certificate will not expire or terminate without thirty (30) days notice being given to DEHS. Limits to be maintained are as follows:
3. Vehicle Liability (all liquid waste hauler companies) and General Liability (companies with 3 or more trucks) – no less than \$500,000 combined single limit (CSL) for Bodily Injury and Property Damage. Worker's Compensation – no less than \$250,000 including Employer's Liability.
4. Vehicles must have the tank volume certified at the County Sealer for Weights & Measures or another approved agency. Submit copies with the application.
5. Copies of vehicle registration for each vehicle that is under permit.
6. Comply with all the Liquid Waste Hauler Regulations (applicant's copy included) prior to the issuance of permit and decals.

You will be notified if your application is not complete. Permit fees shall be paid if your application is approved. **Under no circumstances is any applicant allowed to operate within this County until a permit has been issued! Doing so will jeopardize your application and may result in denial of a permit.**

If you have any questions, please call 909-387-4666.

ENVIRONMENTAL HEALTH SERVICES  
WATER – WASTEWATER – LAND USE

## Board of Supervisors

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County Administrative Officer

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SAN BERNARDINO COUNTY  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES  
385 N. ARROWHEAD AVE. 2<sup>nd</sup> FLOOR  
SAN BERNARDINO, CALIFORNIA 92415-0160  
909-387-4666

**APPLICATION FOR LIQUID WASTE HAULER**

**AN APPLICATION REVIEW FEE OF \$360.00 MUST BE SUBMITTED WITH THIS FORM.**

COMPLETE THE FOLLOWING INFORMATION AND RETURN TO THE ADDRESS LISTED ABOVE:

**Personal Information:**

Name of Business: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Home Address (St., City, St., Zip): \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Location of business (St., City, St., Zip): \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (St., City, St., Zip): \_\_\_\_\_ FAX: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

List name(s) under which this firm has previously done business: \_\_\_\_\_

**List all Partners/Corporation Officers: (Use an additional page if necessary.)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Provide the names and mailing addresses of two or more companies (include a contact name) as references to what qualifies the applicant listed above to operate a business as a Liquid Waste Hauler:**

1. Name: \_\_\_\_\_ Address (St., City, St., Zip): \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address (St., City, St., Zip): \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address (St., City, St., Zip): \_\_\_\_\_ Phone: \_\_\_\_\_

**Other counties in which you have a permit to operate this type of business:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**Qualifications (Optional):**

Contractor's License Number: \_\_\_\_\_ Type: **C-42** Expiration: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ Type: **C-42** Expiration: \_\_\_\_\_

Experience (Previous employment etc. (Use addition page if necessary.):

**Disposal Sites to be Used (Provide copies of permits):** \_\_\_\_\_

**Vehicles to be used (Provide a copy of the Weights & Measures Certificate for tank volume.)**

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License: \_\_\_\_\_ Volume: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License: \_\_\_\_\_ Volume: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License: \_\_\_\_\_ Volume: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License: \_\_\_\_\_  
\_\_\_\_\_ Volume: \_\_\_\_\_

**Insurance Policies:**

**Vehicle Liability:**

**Worker's Compensation (If you have any employees)**

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**General Liability (Required only for companies with 3 or more vehicles).**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Has the firm filed for a fictitious name within San Bernardino County?** \_\_\_\_\_

List name, where filed and date filed: \_\_\_\_\_

The above information will be reviewed by the DEHS. The applicant will be notified within thirty (30) days of the application filing date as to the disposition of this application.

I hereby certify, to the best of my knowledge, that the information given on this application is true and correct. Submission of falsified information on this application may be grounds for denial, denial of renewal, revocation or suspension of permit to operate within San Bernardino County.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**(FOR DEHS USE ONLY)**

1. Business Location Assessor's Parcel Number: \_\_\_\_\_
2. Zone \_\_\_\_\_
3. Does Business meet zoning requirements? \_\_\_\_\_
4. If no, are additional permits required? \_\_\_\_\_
5. Have these additional permits been obtained? \_\_\_\_\_

Date Application Fee Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

SAN BERNARDINO COUNTY  
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385 N. ARROWHEAD AVE. 2<sup>nd</sup> FLOOR  
SAN BERNARDINO, CALIFORNIA 92415-0160  
909-387-4666

## LIQUID WASTE HAULER REGULATION

**Under the San Bernardino County Code, the Direction of the Division of Environmental Health Services (DEHS) hereby promulgates the following rules and regulations for the operation, maintenance, and care of liquid waste hauling units:**

1. All owners of liquid waste hauling vehicles shall secure a DEHS permit. No permit shall be issued to a vehicle unless it bears current State of California license plates or apportioned plates.
2. The name, address, and telephone number of the person or firm to whom the permit is issued shall appear on the tank or vehicle, on both sides, in letters a minimum of three (3) inches in height. Lettering must be fully visible and legible at all times.
3. The certified tank volume shall appear on the tank, on both sides, in numbers a minimum of three (3) inches in height. Numbering must be fully visible and legible at all times. The tank volume shall be approved and certified by the County Sealer of Weights & Measures or other approved agency.
4. Sludge release outlet controls shall be of a type approved by DEHS. The sludge release outlet pipe shall be threaded on the outer surface and a screw cap to fit the same shall be attached by a chain to the unit. A cap shall be fitted over the outlet pipe at all times, except when the contents of the tank are being discharged. Other types of covers on release outlet pipes may be substituted with approval by DEHS. The discharge valve must discharge through a closed line, a pipeline, or hose to the final point of discharge without the danger of spilling or splattering.
5. All equipment shall be kept clean at all times. Suction hoses must be cleaned out back into the cesspool, septic tank or grease trap being pumped and not onto the surface of the ground. Suction hoses shall be of a type approved by DEHS. Hoses must be maintained in good repair.
6. Tanks must be fitted with an automatic shut-off system to prevent the overflow of the tanks contents.
7. At all times, each vehicle shall carry a minimum five (5) gallons of clean water on board for clean up purposes.
8. At all times, each vehicle shall carry 25 feet of garden hose or equivalent. Bleach, granulated pool chlorine (HTH) or other approved disinfectant must be carried on board for disinfection of areas when accidental spillage of sewage may occur. Pine-Sol or chemical toilet additives are not approved disinfectants.
9. Monthly pumper reports shall be submitted by liquid waste haulers within 15 days of the end of the month when the pumping occurred. Forms shall be provided by DEHS. Reports shall include: date, site address, what was pumped, how much was pumped, and where the wastes were discharged. If nothing was pumped that month, write "No Pumping This Month" across the report.
10. All pertinent records for the present and past two (2) calendar years must be kept accurate and must be made available for inspection on demand. The business premises may be inspected at any time during normal business hours.
11. A liquid waste hauler permit applicant shall be granted or denied a permit within thirty (30) days from submission of the application unless special conditions cause the need for additional review by Division of Environmental Health Services.

12. Vehicle liability, general liability (for companies with 3 or more vehicle), and Worker's Compensation (if applicable) insurance coverage must be maintained and forwarded to this office prior to beginning operation. Minimum limits of insurance are specified in the San Bernardino County Code Section 33.0855.
13. The following information is required on customer receipts/bills.
14. The number of compartments pumped.
15. Estimated gallons removed.
16. Intended location where wastes are discharged.
17. Estimated charges for disposal of wastes.
18. DEHS may revoke a liquid waste hauler permit for failure to pay dump fees incurred through the Solid Waste Management Department.
19. It shall be unlawful for any person to deposit, by any means whatsoever, into any...interceptor,...private sewer, septic tank, or cesspool any ashes, cinders, solids, rags, flammable, poisonous or explosive liquids or gases, oils, grease and any other thing whatsoever which would cause damage to the public sewer, private sewer, or private sewage disposal system. (Excerpted from the Uniform Plumbing Code, Chapter 11, Section 1102.)

**APPLICANT UNDERSTANDS THAT FAILURE TO COMPLY WITH ANY OF THE STANDARDS WILL RESULT IN REVOCATION OF THE PERMIT TO OPERATE, AT THE DISCRETION OF THE DIRECTOR OF ENVIRONMENTAL HEALTH SERVICES.**

_____	_____
Date	Signature
_____	_____
Date	Signature
_____	_____
Date	Signature